

*Y Muscatine*

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

**RECEIVED**

FAX  
NOV - 2 2007

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to elect Molly Cantrell-Kraig

**IMPORTANT:** Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Molly Cantrell-Kraig

Political Party (if applicable)

Office Sought

City Council - At Large

District (if Senate or House)

<b>FORM DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Pam J. Pickering  
SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A Nov 1, 2007 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

S/B - 0 -

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

1053.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$

S/B 1053.00

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**Committee to elect Molly Cantrell-Kraig

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (M/WDD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/7/7	ID# CK#	Unitemized/Pass the hat		\$ 10.00	<input type="checkbox"/>
10/7/7	ID# CK#	Unitemized/Pass the hat		10.00	<input type="checkbox"/>
10/17/7	ID# CK#	Susan Moore 10 Sunrise Lane Muscatine Iowa		25.00	<input type="checkbox"/>
10/18/7	ID# CK#	Kent Sisset 203 W 3rd St Muscatine Ia		20.00	<input type="checkbox"/>
10/20/7	ID# CK#	Misc/Pass the Hat		63.00	<input type="checkbox"/>
10/22/7	ID# CK#	Helen VanHooper P.O. Box 1081 Muscatine Ia		40.00	<input type="checkbox"/>
10/22/7	ID# CK#	Claudine Martin 1111 Oakland Dr Muscatine Ia		50.00	<input type="checkbox"/>
10/21/7	ID# CK#	Eather J Dean 319 Myrtle Ln		15.00	<input type="checkbox"/>
10/26/7	ID# CK#	Susan L. Davis 2705 Spinning Wheel Muscatine Ia		25.00	<input type="checkbox"/>
ded in mail 10/27/7	ID# CK#	Kemberly Amsewright 116 Sandhill Rd Amherst, Ma		40.00	<input type="checkbox"/>
SUB-TOTAL				\$298.00	
TOTAL (If last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)Committee to elect Molly Cantrell-Kraig**SCHEDULE****A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**☐ **CHECK THIS BOX IF  
AMENDING FORM**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 88B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
	ID#	Stephen Owens		\$	<input type="checkbox"/>
	CK#	919 E. St Wilton, Ia		25.00	<input type="checkbox"/>
	ID#	Barb Duval			<input type="checkbox"/>
	CK#	2425 Sandgate Dr Muscatine, Ia		50.00	<input type="checkbox"/>
	ID#	J. M. Page			<input type="checkbox"/>
	CK#	615 Maiden Ln Muscatine, Ia		20.00	<input type="checkbox"/>
	ID#	Linda Reichert			<input type="checkbox"/>
	CK#	3402 Dipton Rd Muscatine, Ia		100.00	<input type="checkbox"/>
	ID#	Suey Hahn			<input type="checkbox"/>
	CK#	509 Logan Ct Muscatine, Ia		25.00	<input type="checkbox"/>
	ID#	Jo Anne Albee			<input type="checkbox"/>
	CK#	27 Colony Dr Muscatine, Iowa		25.00	<input type="checkbox"/>
	ID#	Cynthia Prodzinski			<input type="checkbox"/>
	CK#	207 Colorado St #504 Muscatine, Ia		25.00	<input type="checkbox"/>
	ID#	O. Richard Maeglin			<input type="checkbox"/>
	CK#	P.O. Box 382 Muscatine, Ia		100.00	<input type="checkbox"/>
	ID#	Candace Grant			<input type="checkbox"/>
	CK#	416 Bay St Boontown, NJ		25.00	<input type="checkbox"/>
	ID#	Tracy Hatfield			<input type="checkbox"/>
	CK#	419 Grandview Muscatine, Ia		150.00	<input type="checkbox"/>
SUB-TOTAL				\$ 445.00	
TOTAL (if last page of this schedule)				\$	

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Page 2 of 3  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME (Must be same as on Statement of Organization)**Committee to elect Molly Cantrell-Kraig

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
	ID#	Kas Kelly		\$	<input type="checkbox"/>
	CK#	614 Mulberry Ave Muscatine Ia		20.00	<input type="checkbox"/>
	ID#	Nathan Reichert			<input type="checkbox"/>
	CK#	1155 Ave Muscatine Ia		25.00	<input type="checkbox"/>
	ID#	Don Paulsen			<input type="checkbox"/>
	CK#	2451 Jasper Ave Zetta Ia		25.00	<input type="checkbox"/>
	ID#	Dan Clark			<input type="checkbox"/>
	CK#	1221 Mulberry Ave Muscatine Ia		20.00	<input type="checkbox"/>
	ID#	Debra Elliott			<input type="checkbox"/>
	CK#	1201 Oakland Dr Muscatine Ia		25.00	<input type="checkbox"/>
	ID#	Beth Zester			<input type="checkbox"/>
	CK#	3214 Spinning Wheel Muscatine Ia		50.00	<input type="checkbox"/>
	ID#	Thomas Kautz			<input type="checkbox"/>
	CK#	205 Cherry St Muscatine Ia		50.00	<input type="checkbox"/>
10/4/7	ID#	Ed Fallon			<input type="checkbox"/>
	CK#	752 16th St. Des Moines, Ia		25.00	<input type="checkbox"/>
	ID#	Erik J Alden			<input type="checkbox"/>
	CK#	315 1/2 E 2nd St Muscatine Ia		50.00	<input type="checkbox"/>
	ID#	Marlyn Shepers			<input type="checkbox"/>
	CK#	413 W. 3rd St Muscatine Ia		20.00	<input type="checkbox"/>
SUB-TOTAL				\$310.00	
TOTAL (If last page of this schedule)				\$1053.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to elect Molly Cantrell-Kraig

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "Incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/1/7	Carter Printing 1739 E Grand Ave Des Moines, Ia	yard signs sign wires	\$ 817.98
10/4/7	Carter Printing 1739 E Grand Ave Des Moines, Ia	campaign cards	196.39
10/10/7	Adventures in advertising	Pedometers	\$325.43
11/1/7	Muscataine Journal 301 E Third St Muscataine, Iowa	Thank you	\$46.20
SUB-TOTAL			\$ 1386.00
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1386.00

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1  
(for Schedule D)**CANDIDATE COMMITTEES NOTE:**

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to elect Molly Cantrell-Kraig

SCHEDULE  
E  
(Rev. 06/97)IN-KIND  
CONTRIBUTIONS☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/7/7	Thomas R. Kautz 205 Cherry St. Muscatine, Ia	n/a	music brand	\$ 300.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$  
300.00TOTAL (if last  
page of this  
schedule) \$  
300.00

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)